

INDIANA DEPARTMENT OF EDUCATION

SPA Waiver Request Form

Please provide this document to Scott Bogan, Director of Higher Education and Educator Preparation Programs, at sbogan@doe.in.gov. A letter verifying approval status will be provided as soon as possible. Programs receiving waivers will be reviewed using the state review process instead of the SPA review process. **If approved, please be sure to change the “review by” option (in [AIMS](#)) from SPA to state review. Programs without a SPA can be added into AIMS at any time and all programs, regardless of program type, should be listed in AIMS.**

1. Name of Institution: **insert text**
2. Date Submitted (MM/DD/YYYY): **insert text**
3. Semester/Year of CAEP Site Review: **insert text**
4. Name of Program(s): **insert text**
5. Program Type (initial, advanced, etc.): **insert text**
6. Type/title of Indiana license received upon completion: **insert text**
7. Contact Person: **insert text**
8. E-Mail: **insert text**
9. Indicate any applicable special cases (“x” all that that apply):
 - ☐ Dormant program
 - ☐ New program (approved since your last onsite visit)
 - ☐ Redesigned program
 - ☐ Low enrollment
 - ☐ Other extenuating circumstances
10. Describe rationale for SPA waiver request.
insert text
11. Provide additional evidence or documentation supporting your request.
Include hyperlink(s) or reference attachment(s) here